

PLEASE FAX COMPLETED FORM TO 250-763-4827
OR SUBMIT TO 504 SUTHERLAND AVE
KELOWNA BC V1Y 5X1

OFFICE USE ONLY

RECEIVED: _____

Thank you for your interest in joining our Board of Directors! Our Board of Directors play a vital role in promoting our vision and increasing mental health awareness in our community. CMHA recruits new board members annually just prior to the Annual General Meeting held in June. We are specifically looking for new members with skills in the legal, property management, community development and fundraising areas.

APPLICANT CONTACT INFORMATION

NAME				<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MISS	<input type="checkbox"/> MS
ADDRESS			CITY, PROVINCE, POSTAL CODE				
BIRTHDATE		EMAIL					
TELEPHONE				CELL PHONE			

What motivates you to become a board member for the Canadian Mental Health Association?	
What special qualifications and/or skills would you bring to the board?	
Please describe your past board experience (including the types of boards on which you have participated).	
Please describe your understanding of a board member's role with CMHA.	

The Board of Directors seeks a complementary balance of knowledge, skills and experience at a Governance Level. Please identify those areas in which you have basic or advanced competencies and areas you are interested in:

BOARD OF GOVERNANCE	BASIC	ADVANCED	INTERESTED
▪ Business Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Community Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Government/Political Acumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Healthcare Administration/Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Knowledge of Healthcare System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Marketing/Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Property Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Public Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Quality/Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be interested in joining one of the Board's committees?

COMMITTEES	YES	NO
▪ Finance	<input type="checkbox"/>	<input type="checkbox"/>
▪ Fundraising	<input type="checkbox"/>	<input type="checkbox"/>
▪ Recruitment	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

Please provide two references that are familiar with your previous board or committee experience:

1 ST REFERENCE		2 ND REFERENCE	
RELATIONSHIP		RELATIONSHIP	
TELEPHONE		TELEPHONE	
EMAIL		EMAIL	

Please attach a current resume to your application.

By submitting this application and a resume, I declare that:

- I meet the eligibility criteria and accept the conditions of nomination as delineated.
- I certify that the information in this application and in my resume is accurate and true.
- I understand that the establishment of the Board of Directors for this non-profit corporation complies with the Bylaws of the Organization. I also understand that acceptance as a board member includes joining the Membership of the Organization.

APPLICANT NAME (please print): _____

APPLICANT SIGNATURE _____ DATE _____